



McHenry Western Lake County EMS System System Memo #25-7

To: MWLC EMSS PERSONNEL

From: MWLC EMSS Date: 6/30/2025

RE: High Performance Airway Lab Registration

Purpose: Communicate the registration procedure.

Goal: Have all interested MWLC EMSS personnel registered no later than July 31, 2025.

McHenry Western Lake County EMS personnel have access to an advanced airway lab training opportunity through Rosalind Franklin University. This is a four-hour session of hands-on airway practice will be available on November 7, 2025 from 1pm-5pm. 2025 Lab cost is \$150.00 per participant. (Participant or their agency is responsible for the cost) Personnel who have communicated interest using the QR Code or hyperlink provided earlier this year have priority.

Use page two of this memo to access the Google registration form hyperlink. A Google account is required to access the registration form. Further communication (including invoicing) will utilize the email address you provide in the form. Receiving an invoice may be several days after registration submission.

ALL REGISTRATIONS MUST BE COMPLETED BY JULY 31, 2025 TO SECURE YOUR PRIORITY SEAT
On August 1, 2025 all remaining seats become open to any other personnel in the area.

Please contact the EMS Office with questions.

Registration Link: RFU High Performance Lab Nov.7th 2025 This form is to sign up for the Chicago Medical School High performance Lab 2025 on **HPL 2025** November 7th. After completing this from a link will be sent to complete payment. We do this to ensure that we do not sign up too many participants. The cost is 150\$ per participant (credit or debit required). After using the hyperlink, you must log into your @gmail.com Switch account 0 Google account to register with this form. * Indicates required question Email * Please consider using your work email address (used for billing, completion certificate, etc.) Your email Name * Enter the name you want on Your answer your completion certificate. License Level * Choose one. O Paramedic Student O Paramedic Other I am planning on attending the November 7th High Performance Lab Must select to acknowledge the training date. O Yes Best Phone Number * This number may be used the day of the training for Your answer notifications, etc. Please consider using your cell. What is your Company/Program/Department * Enter your Department / Company name here. Your answer Session selection * Morning (8:00 A.M - 12:00 P.M) SELECT AFTERNOON (1:00 PM - 5:00 PM) Afternoon (1:00 P.M - 5:00 P.M) I understand that after the completion of his form, a payment option will be sent via email. (Unless otherwise paid for by department/program) Using the email you provided in the form, billing will O Yes be forwarded to you with payment options. A copy of your responses will be emailed to the address you provided. **SUBMIT REGISTRATION NO LATER Clear form THAN JULY 31, 2025 AT 5:00 PM** Never submit passwords through Google Forms Failure to submit your registration by This form was created inside of Rosalind Franklin University. - Contact form owner this date using this form may result Does this form look suspicious? Report losing your seat in the training. Google Forms